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Application Number 10/965/753 Filing Date 09/22/2003 First Named Inventor Walter B. Jeffries First Named Inventor Walter B. Jeffries Examiner Name Hseih, Shih Yung Art Unit 2837 Attorney Docket No. 0288 METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 012226 Deposit Account Name; Gene W. Arant For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee(s)	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known						
First Named Inventor Walter B. Jeffries Examiner Name Hseih, Shih Yung Art Unit 2837 Attorney Docket No. 0 288 METHOD OF PAYMENT (check all that apply) Charge fee(s) Indicated below		Application Number 10/665,755						
Art Unit 2837 Attorney Docket No. 0288 METHOD OF PAYMENT (\$) 60 METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Y Deposit Account Deposit Account Number: 01226 Deposit Account Name: Gene W. Arant	FEEN RANSMILIAL	Filing Date						
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METHOD OF PAYMENT (\$) 60 Attorney Docket No. 0288 METHOD OF PAYMENT (check all that apply) X Check		Examiner Name	Hseih, Shih	Yung				
METHOD OF PAYMENT (check all that apply) X Check		Art Unit	Art Unit 2837					
X Check	TOTALEMOUNT OF PAYMENT (\$) 60	Attorney Docket No.	0288					
Deposit Account Deposit Account, Number: 012226 Deposit Account Name: Gene W. Arant For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. except for the filling fee WARNING: Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fe								
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Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fee	For the above-identified deposit account, the Director is he	reby authorized to: (check	all that apply)					
MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION	Charge fee(s) indicated below	Charge fee(s)	indicated below, excep	t for the filing fee				
### NARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. #### FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Filing FEES SEARCH FEES Small Entity Fee (\$)		e(s) Credit any ove	erpayments					
Test Calculation	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
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Application Type Fee (\$) Fee (_				
Design 200 100 100 50 130 65				Fees Paid (\$)				
Plant 200 100 300 150 160 80	Utility 300 150 500	250 200	100					
Reissue 300 150 500 250 600 300	Design 200 100 100	50 130	0 65					
Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims	Plant 200 100 300	150 160	80					
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Multiple Dependent Claims	Reissue 300 150 500	250 600	300					
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		Paid (\$)						
HP = highest number of total claims paid for, if greater than 20.	- 20 or HP = x = HP = highest number of total claims paid for, if greater than 20.		<u>Fee (\$)</u>	Fee Paid (\$)				
Indep. Claims	Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)						
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.			•					
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Request for Extension of Time \$60								
UBMITTED BY								
gnature Registration No. (Attorney/Agent) 17,936 Telephone 541 – 557 – 1716			Telephone 5	41-557-1716				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Approved for use through 07/31/2006. OMB 0651-0031

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)				
	FY 2005		0288			
(Fee:	s pursuant to the Consolidated Appropriations Act, 2	005 (H.R. 4818).)				
Application Number 10/665755			Filed 09/22/2003			
For D	rum Head Securement Devi	.ce				
Art Unit	2837		Examiner Hsie	h, Shih Yung		
This is a re application	quest under the provisions of 37 CFR 1.136	(a) to extend the perio	od for filing a reply in the	ne above identified		
The reques	sted extension and fee are as follows (check	time period desired a	and enter the appropria	ite fee below):		
		<u>Fee</u>	Small Entity Fee			
x	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ <u>60</u>		
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$		
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$		
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$		
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$		
Applica	ant claims small entity status. See 37 CFR 1	.27 .				
A che	ck in the amount of the fee is enclosed.					
Paym	ent by credit card. Form PTO-2038 is at	tached.				
The D	Pirector has already been authorized to o	charge fees in this a	application to a Depo	osit Account.		
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the	applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
attorney or agent of record. Registration Number17, 936						
	attorney or agent under 37 CFF					
	She Wast		17 m	ay W5		
~	M. Arrest		541-557	7-1716		
GE	Typed or printed name			hone Number		
NOTE: Signat	ures of all the inventors or assignees of record of the enti	ire interest or their represen	tative(s) are required. Submi	it multiple forms if more than one		

signature is required, see below. forms are submitted. Total of

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.